Child Care Immunization Checklist



(Optional use – not an official record)

Child's Name:			Date of Birth:/			
Date of Enrollment:/			Age at Enrollment:			
Immunizations: enter date given for doses given.	en or attac	h copy of s	hot record a	ind place a d	check mark ($$) in the box	
Immunizations	Dose 1	Dose 2	Dose 3	Dose 4	Exemptions √ to specify type √ when exemption form is completed	
DTaP					Religious Philosophic Form Completed	
Нер В					MedicalReligiousPhilosophic Form Completed	
Polio					MedicalReligiousPhilosophic Form Completed	
Hib					MedicalReligiousPhilosophic Form Completed	
PCV					MedicalReligiousPhilosophic Form Completed	
MMR					MedicalReligiousPhilosophicForm Completed	
Varicella or Date of Disease					MedicalReligiousPhilosophicForm Completed	

Age When Enrolling:	Immunizations (shots) Required:
2 – 3 months	1 each of DTaP, Hep B, polio, Hib, PCV
4 – 5 months	2 each of DTaP, Hep B, polio, Hib, PCV
6 - 14 months	3 each of DTaP, Hep B, polio, Hib, PCV
15 -17 months	3 each of DTaP, Hep B, polio 1 each of MMR, varicella 1-4 doses of Hib and PCV
18 months – 4 years	3 Polio, 3 Hep B, 4 DTaP 1 MMR, varicella 1-4 doses of Hib and PCV

Information About Shots:

DTaP = Diphtheria, Tetanus, and Pertussis

Hep B = Hepatitis B vaccine, also written as HBV

Polio = Inactivated Poliovirus

Hib = Haemophilus influenzae type B

PCV = Pneumococcal

MMR = Measles, Mumps, Rubella

Varicella = Chickenpox

9/2013